



California Department of Health Care Services PASRR Facility Training

What is PASRR?

PASRR:

Pre-Admission Screening and Resident Review

- Required by law per 42 CFR 483.100-483.138

Goal of PASRR:

To determine if individuals with serious mental illness (SMI) and/or intellectual/developmental disability (ID/DD) or related conditions (RC) require the need for:

- Nursing Facility (NF) services (considering the least restrictive setting)
- Specialized services

Achieved by:

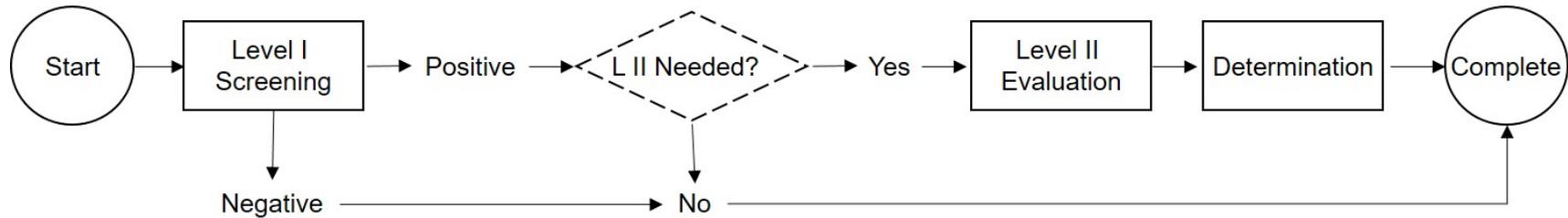
Level I screening

- Tool that helps identify possible SMI and/or ID/DD/RC

Level II evaluation

- Determines placement & specialized services
- Department of Health Care Services (DHCS) is responsible for SMI Level II evaluations/determinations
- Department of Developmental Services (DDS) is responsible for ID/DD/RC evaluations/determinations

PASRR Process



The whole PASRR process is required:

Prior to an individual being admitted into a Medicaid-certified nursing facility

- Regardless of the individual's insurance type

Pre-Admission compliance:

Currently, California PASRRs are done post-admission

- DHCS is working with Centers for Medicare & Medicaid Services (CMS) to reach pre-admission compliance

When is PASRR Required?

There are two types of Level I screenings:

Initial Pre-Admission Screening (PAS)	Resident Review (RR) (Status Update)
<p>Required for all new admissions</p> <ul style="list-style-type: none">• Day of admission <p>New admission:</p> <ul style="list-style-type: none">• Individual who has never been admitted to your facility before; OR• Individual who does not qualify as a readmission	<p>Required for all readmissions and current nursing facility residents who experience a significant change in their mental or physical condition</p> <ul style="list-style-type: none">• As soon as the change is discovered <p>Significant change:</p> <ul style="list-style-type: none">• A decline or improvement in an individual's condition that requires revision of the care plan and/or level of care <p>Readmission:</p> <ul style="list-style-type: none">• Those already admitted to your facility;• Leave to the hospital to receive care with return anticipated; AND• Return to your facility

Who should submit the Level I screening?

The facility is responsible for designating qualified staff for submitting the Level I screening .It is recommended that qualified staff submitting the Level I screening have:

- ✓ Knowledge of medical terminology
- ✓ Knowledge related to the medical history and current status of the resident
- ✓ Secure facility email address to avoid any HIPAA violations

DHCS does not limit the number of qualified staff a facility can enroll or have in each role in the online PASRR system. It is recommended that a facility have **at least** two Admin roles for the facility.

The two types of roles are:

User Role	Admin Role
<ul style="list-style-type: none">• Can create new Level I screenings• Can edit <u>only</u> their 'in progress' screenings• Can view <u>only</u> their submitted screenings• Can print <u>only</u> their submitted screenings and letters	<ul style="list-style-type: none">• Can create new Level I screenings• Can edit <u>all</u> 'in progress' screenings for the facility• Can view <u>all</u> submitted screenings for the facility• Can print <u>all</u> submitted screenings and letters for the facility

Resident Identification

Questions 1-6

Question 1. Date Started

- Auto Populates
- Can't be edited or backdated
- Date used for reimbursement

Question 2. Screening Type

- PAS is for new admissions
- RR is for status updates
- If RR is selected, then the admission date is the original date of admission

Question 6. Physical Diagnosis

- List **current** conditions

The screenshot shows a web-based form titled "PASRR Level I" with a progress bar at the top. The progress bar has six steps: 1. Resident Identification (highlighted in blue), 2. Resident Information, 3. Facility Completing Level I, 4. 30-Day Exempted Hospital Discharge, 5. Categorical Determination, and 6. MI Screen.

The form contains the following fields and options:

- 1. Date Started: A date input field containing "05/13/2019".
- 2. Screening Type: Two radio button options: "Initial Preadmission Screening (PAS)" and "Resident Review (RR) (Status Change)".
- Section Header: "Resident Identification"
- 3. Last Name: A text input field.
- First Name: A text input field.
- Middle Name: A text input field.
- 4. Date Of Birth: A date input field.
- 5. What type of bed is the resident currently residing in?: Four radio button options: "General Acute Care Hospital", "Skilled Nursing Facility", "Other - specify", "Psychiatric Health Facility (PHF)", "Acute Psychiatric Hospital/ Unit", "Rehabilitation/ Hospital", "STP/ IMD", "Group Home/ Assisted Living", and "ICF/ ID".
- 6. Physical diagnosis at time of transfer/admission to Nursing Facility: A large text area with a placeholder box that says "Enter 'None' if no physical diagnosis".

At the bottom right of the form, there are two buttons: "Prev" (disabled) and "Next" (active).

Resident Information

Questions 7-13

This section helps identify if an interpreter is needed. Please notify the DHCS PASRR contractor if an interpreter is needed when they call to schedule the Level II due to a positive (SMI) Level I screening.

Questions 9 & 10

- The primary language spoken and if an interpreter is needed

PASRR Level I

Resident Identification 2 Resident Information Facility Completing Level I 3 30-Day Exempted Hospital Discharge 4 Categorization Determination 5 MI Screen 6

PASRR CID: 200-007-789
Last Name: Training
First Name: Example
Middle Initial:
DOB: 05/13/2019

Resident Information

7. Gender:

8. Marital Status:

9. Primary Language Spoken:

10. Language Interpreter Needed?
 Yes No

11. Hearing Impaired?
 Yes No

← Prev Next →

Questions 11-13

- If hearing impaired, list the type of interpreter needed

TAKE NOTE:

This is when the PASRR CID# is automatically assigned and the case status is now 'in progress'.

- 'In progress' cases can be edited (pencil icon) from the Dashboard or Level I Cases list
- Unsubmitted screenings left 'in progress' will be deleted from the PASRR system **after 2 weeks**

Facility Completing Level I

Questions 14-16

Question 14. Facility Details

- Auto populates
- If this is not your facility, please stop and contact PASRR IT Service Desk.

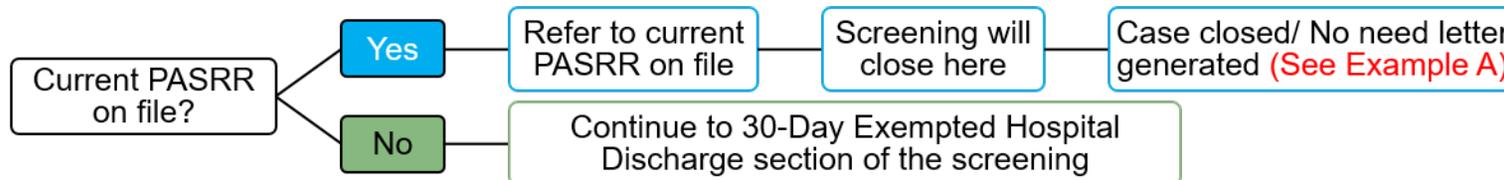
Email: ITServiceDesk@dhcs.ca.gov

Phone: (916) 440-7000 and select option 1

Question 16. Current PASRR

- Prevents duplicate screenings at your facility, for the same individual with the same admission date
- Not required for RR

The screenshot shows the 'Facility Completing Level I' step of a 6-step screening process. The progress bar indicates steps 1 and 2 are complete, step 3 is current, and steps 4, 5, and 6 are pending. Below the progress bar, a table displays resident information: PASRR CID (200-007-789), Last Name (Training), First Name (Example), Middle Initial, and DOB (05/13/2019). The 'Facility Completing Level I' section includes '14. Facility Details' with fields for Facility Name (KAISER FOUNDATION HP/REHAB-VALLEJO), Address (975 SERENO DRIVE), City (VALLEJO), State (CA), and Zip code (94590). It also includes fields for Name of Person Completing Form (NFAdmin1, NFAdmin1), Phone (707) 651-1000, Fax, and E-mail Address. Two questions are listed: 15. 'Is the resident returning to a NF after a brief hospital stay?' and 16. 'Is there a current PASRR on file for this resident with no significant change in condition? If no, go to the next section.' Both questions have radio buttons for 'Yes' and 'No'. At the bottom right, there are 'Prev' and 'Next' navigation buttons.



(Question #16.)

30-Day Exempted Hospital Discharge

Questions 17A-18D

Questions 17A-18C

Only true exemption to the PASRR process.

- I. The individual is discharged from the hospital into a Medicaid NF; **AND**
- II. The individual requires NF services for the same condition as the hospital stay; **AND**
- III. An attending physician certifies that the individual will be staying less than 30 days

PASRR Level I

Resident Identification Resident Information Facility Completing Level I **30-Day Exempted Hospital Discharge** Categorical Determination MI Screen

PASRR CID: 200-007-789 Last Name: Training First Name: Example Middle Initial: DOB: 05/13/2019

30-Day Exempted Hospital Discharge

17.a. Yes No Has the resident been admitted from a hospital after receiving acute inpatient care and requires NF convalescent or rehabilitation services related to the condition for which they received care in the hospital?

17.b. Yes No Will the resident's stay at your facility likely to require less than 30 days of NF services?

18.a. Yes No Has the attending physician certified before/upon admission to the NF that the resident is likely to require less than 30 days of NF services?

18.b. Enter Physicians Name (for example 'Dr. John Smith')

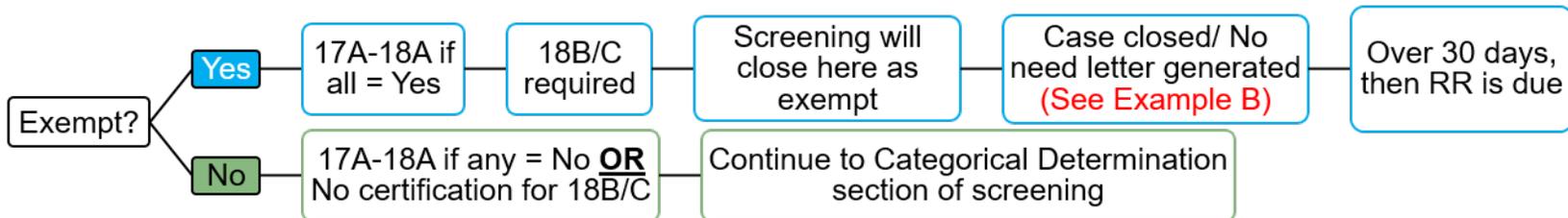
18.c. I acknowledge that the information entered in 18a and 18b (if applicable) is true. *

18.d. Date new Level I Due (Day 31 after admission)

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Question 18D

- Date a new RR (status update) is due if individual stays over 30 days
- PASRR online system does not alert/notify when a RR is due
- RR should be completed no later than the 40th day of admission



Neurocognitive/Categorical Determination

Questions 19A-25

This section helps identify when an individual cannot benefit from specialized services due to one of these categorical reasons.

Question 19A

- Is there a suspected or diagnosed neurocognitive disorder (NCD)?

Questions 19B/C

- Due to the **severity** of the NCD, will the individual have difficulty communicating their needs?

Questions 20A/B Terminal Illness

- Is the individual on hospice care?

Questions 21A/B Physical Condition

- Due to the **severity** of a physical condition, will the individual have difficulty communicating their needs?

PASRR Level I

Resident Identification Resident Information Facility Completing Level I 30-Day Exempted Hospital Discharge **5** Categorical Determination 6 MI Screen

PASRR CID 200-007-789	Last Name Training	First Name Example	Middle Initial	DOB 05/13/2019
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Neurocognitive/Categorical Determination

19.a. Yes No Unknown Is there a diagnosis or other evidence of a neurocognitive disorder, e.g., Alzheimer's Disease, Traumatic Brain Injury, Cerebrovascular Disease, CVA, TIA, other dementias, etc?

19.b. Yes No Unknown Does the individual have serious difficulty communicating their needs, responding appropriately to direct questions, or otherwise engaging in a meaningful verbal interaction as a result of a cognitive deficit?

20.a. Yes No **Terminal Illness**
The resident has a terminal illness as defined for hospice purposes in §418.3, CFR, Title 42, Part 483. The attending physician certified the resident's life expectancy is less than six months.

21.a. Yes No **Severe Physical Condition**
The resident has a severe physical illness such as coma, ventilator dependence, functioning at a brain stem level, or diagnosis such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, or congestive heart failure which results in a level of impairment so severe that the resident could not be expected to benefit from specialized services.

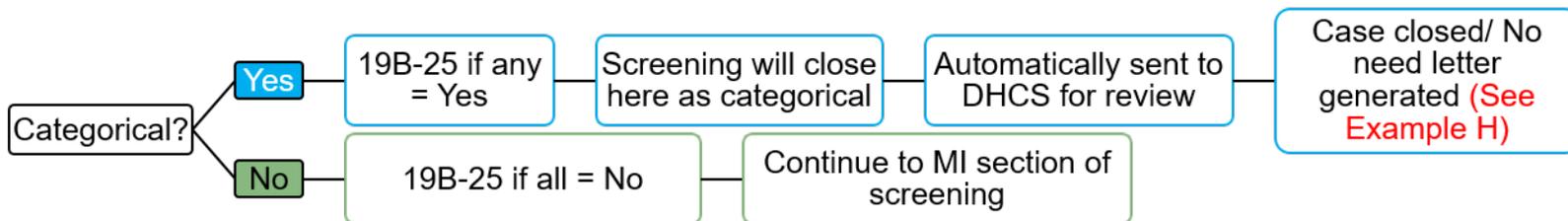
22. Yes No Does the resident require protective services resulting in a stay of less than 7 days?

23. Yes No Is the resident on a Welfare and Institutions Code 5150? (Stay is not expected to exceed 72 hours).

24. Yes No Is the resident on a Welfare and Institutions Code 5250? (Stay is not expected to exceed 14 days).

25. Yes No Is the resident being admitted to provide temporary respite for the in-home caregiver (respite case less than 15 days)? (CA Health & Safety Code, Section 1418.1)

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Mental Illness (MI)

Questions 26-28

Question 26. Diagnosed MI

- Is there a diagnosis of mental illness?

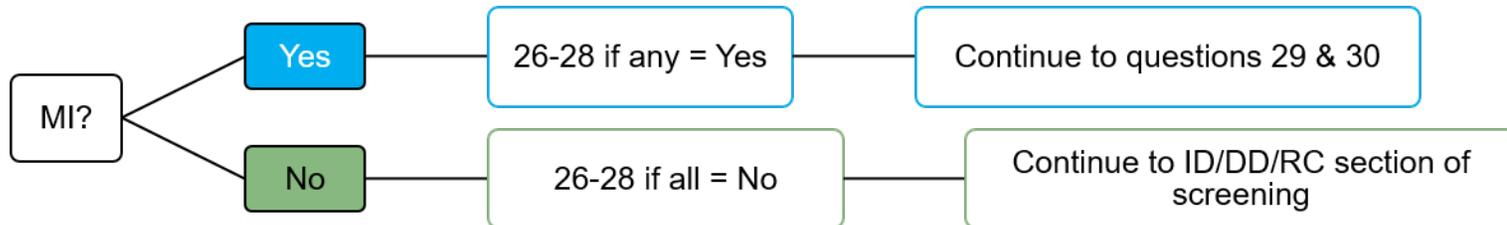
Question 27. Suspected MI

- If no diagnosis, do you suspect a mental illness?

Question 28. Psychotropic Medication

- List all names of psychotropic medication, regardless of what the intended use is for

PASRR Level I					
Resident Identification		Resident Information		MI Screen	
PASRR CID	Last Name	First Name	Middle Initial	DOB	
200-007-789	Training	Example		05/13/2019	
Mental Illness (MI)					
Diagnosed Mental Illness					
26.	<input type="radio"/> Yes <input type="radio"/> No	Does the resident have a diagnosed mental disorder such as Schizophrenia/Schizoaffective Disorder, Psychotic/Psychosis, Delusional, Depression, Mood Disorder, Bipolar, or Panic/Anxiety?			
Suspected Mental Illness					
27.	<input type="radio"/> Yes <input type="radio"/> No	After observing the resident or reviewing their records, do you believe the resident may be experiencing serious depression or anxiety, unusual or abnormal thoughts, extreme difficulty coping, or significantly unusual behaviors not considered normal in their current circumstances?			
Psychotropic Medication					
28.	<input type="radio"/> Yes <input type="radio"/> No	Has the resident been prescribed psychotropic medications?			



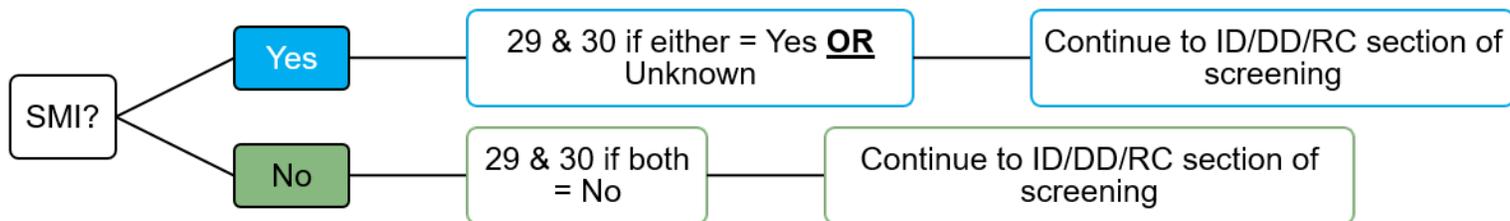
Mental Illness (MI) (Cont.)

Questions 29-30

Questions 29 & 30 Recent Functional Limitations

- Indicators for **serious** mental illness (SMI)
- Assess if MI is impacting daily activities

Recent Functional Limitations	
29. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<p>In addition, the mental health disorder results in functional limitations in major life activities within the past 6 months. For example, the resident is no longer able to meet work demands, interact with family and friends, or attend medical appointments due to anxiety, depression, or bizarre thought processes, etc. A resident typically has serious difficulty in at least one of the following characteristics on a continuing or intermittent basis:</p> <p>Interpersonal Functioning Interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and/or social isolation.</p> <p>Concentration, Persistence, and Pace Sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.</p> <p>Adaptation to Change The resident has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.</p>
30. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<p>The recent treatment history indicates that the resident, within the last two years, has experienced at least one of the following:</p> <ul style="list-style-type: none">• Psychiatric treatment more intensive than outpatient care (e.g., hospitalization or other acute intervention).• (Due to the mental disorder) an episode of significant disruption to the normal living situation requiring supportive services, relocation to a residential treatment environment, or intervention by a housing authority or law enforcement.• Suicide attempts.



Intellectual/Developmental Disability or Related Conditions (ID/DD/RC)

Questions 31-36

This section helps identify if there is a suspected developmental disability. If yes, then it is automatically sent to the California Department of Developmental Services (DDS). Please contact DDS for questions related to this section.

DDS Phone: (916) 654-2300

PASRR Level I

7 ID/DD/RC Screen 8 Substance Use 9 Conservatorship

PASRR CID 200-007-789	Last Name Training	First Name Example	Middle Initial	DOB 05/13/2019
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Intellectual or Developmental Disability (ID)/(DD) or Related Condition (RC)

31. Yes No Unknown Does the resident have or is suspected of having a primary diagnosis of ID/DD/RC?

32. Yes No Unknown Does the resident have a history of a substantial disability prior to the age of 22?

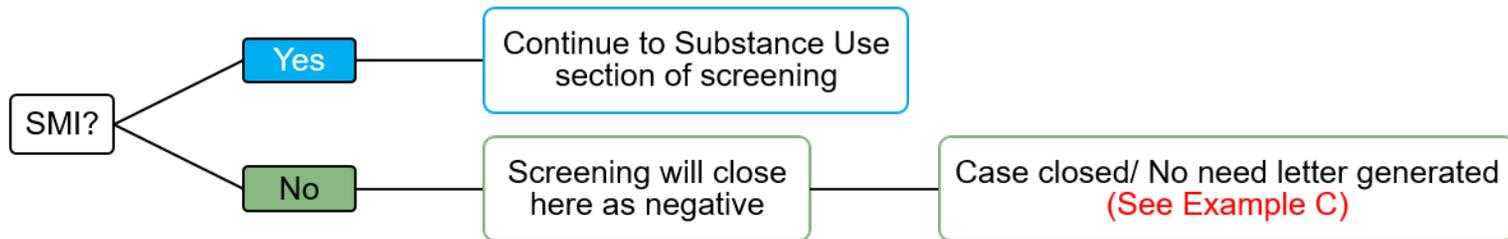
33. Yes No Unknown Is the resident a consumer of Regional Center Services?

34. Yes No Unknown Is the resident a consumer of any ID/DD service, past or present, other than Regional Center Services?

35. Yes No Unknown Has the resident ever been referred to Regional Center Services?

36. Yes No Unknown As a result of ID/DD, does the resident experience functional limitations? Examples of functional limitations include mobility, self-care, self-direction, learning/understanding/using language, capacity for living independently.

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Substance Use Disorder

Questions 37-38

This section is only required for a positive (SMI) screening. If negative, the screening will close after the ID/DD/RC section.

The screenshot shows a web-based screening form titled "PASRR Level I". At the top, there is a progress bar with three steps: "ID/DD/RC Screen" (completed with a green checkmark), "Substance Use" (current step, marked with a circled 8), and "Conservatorship" (marked with a circled 9). Below the progress bar, there is a header section with the following fields: "PASRR CID" (200-007-789), "Last Name" (Training), "First Name" (Example), "Middle Initial", and "DOB" (05/13/2019). The main section is titled "Substance Use Disorder" and contains two questions:

37. Yes No Unknown Alcohol

38. Yes No Unknown Drug

At the bottom right of the form, there are two green buttons: "← Prev" and "Next →".



Conservatorship

Question 39

This section is only required for a positive (SMI) screening. If negative, the screening will close after the ID/DD/RC section.

It is the facility's responsibility to notify everyone involved in the individual's health care plan of a scheduled Level II evaluation.

PASRR Level I

ID/DD/RC Screen Substance Use 9 Conservatorship

PASRR CID 200-007-789	Last Name Training	First Name Example	Middle Initial	DOB 05/13/2019
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Conservatorship (Court Appointed) Power of Attorney (medical/fiduciary) is not a conservatorship

39. Yes No Does the resident have a Conservator?

← Prev Next →



Level I Corrections

Level I screening should always match the minimum data set (MDS)

- Recommend during facility's annual or quarterly reviews of the MDS check to see if a status update (RR) is needed

Level I screening cannot be edited once **submitted**, even by DHCS.

If you need to make corrections to a submitted Level I screening:

Minor demographic information (name, birthdate, etc.)

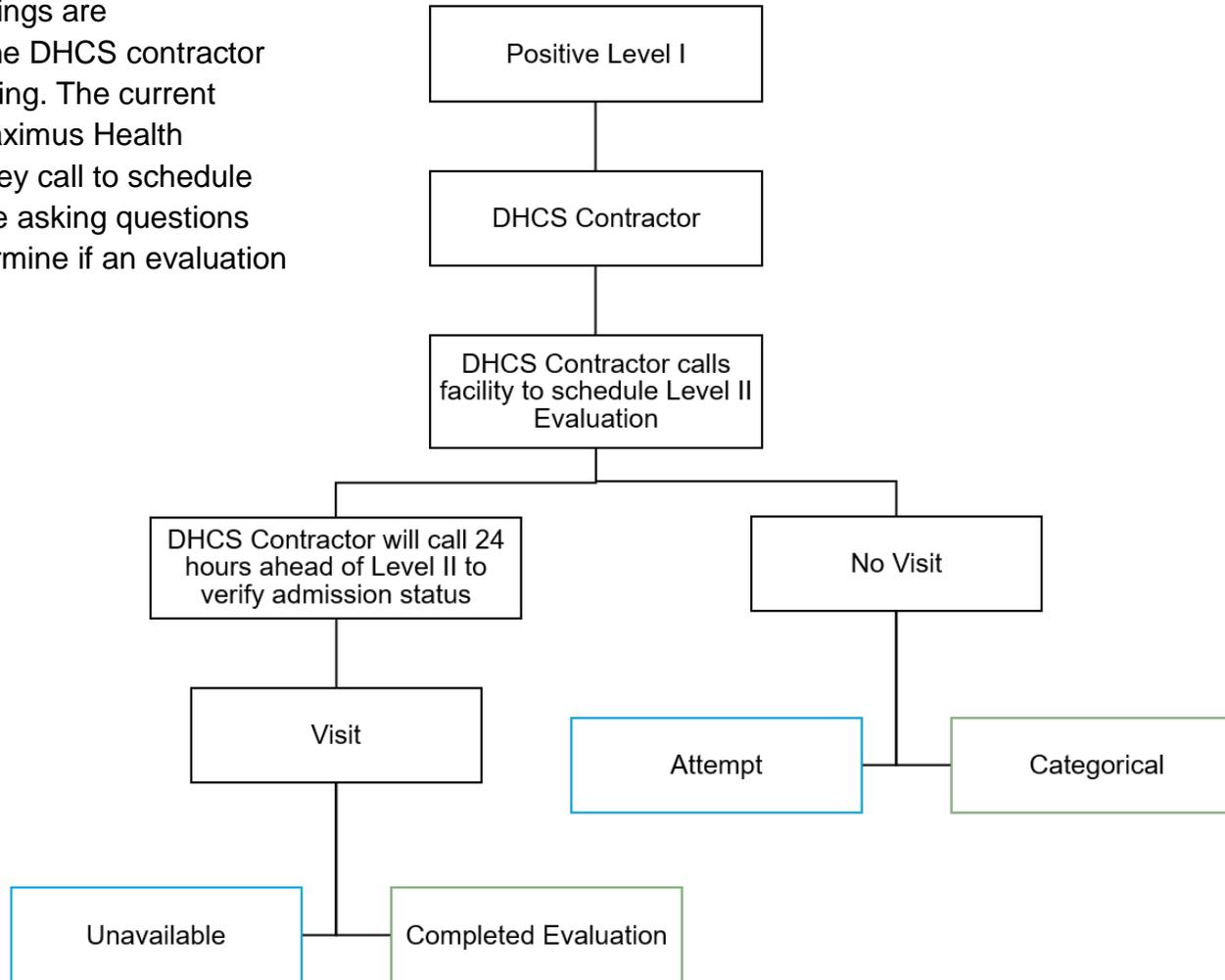
- Make handwritten corrections and initial on printed Level I screening (for your records and TAR submissions)

Major demographic and/or clinical information

- Submit a new screening as a Resident Review (status update)

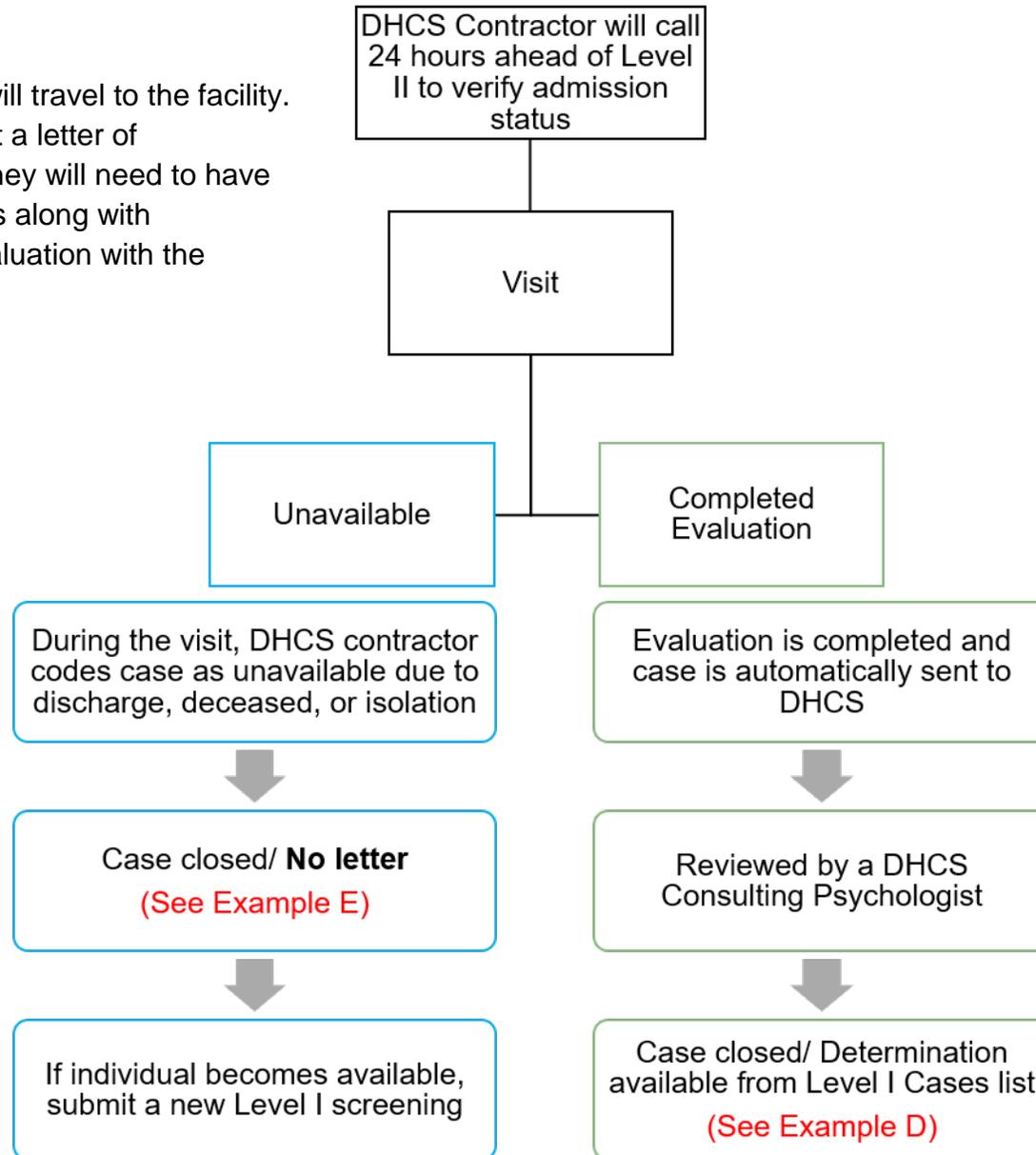
Positive Level I

Positive Level I screenings are automatically sent to the DHCS contractor for review and processing. The current DHCS contractor is Maximus Health Services, Inc. When they call to schedule the Level II, they will be asking questions containing PHI to determine if an evaluation is deemed necessary.

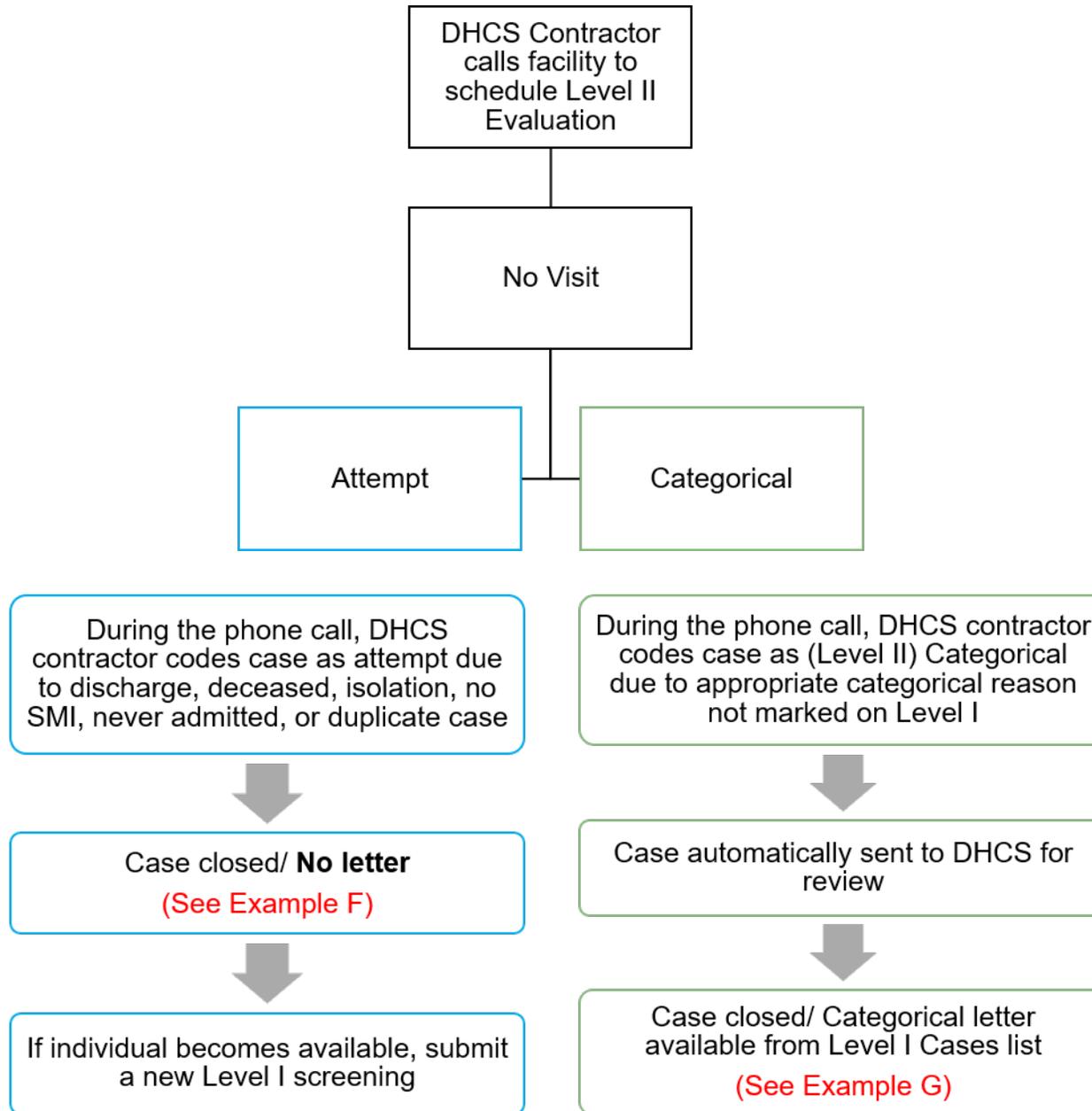


Visit

During a visit, the evaluator will travel to the facility. Upon arrival, they will present a letter of introduction and ID badge. They will need to have access to the medical records along with conducting a face-to-face evaluation with the individual.



No Visit



Appeals

Request for Reconsideration

If the resident, facility, and/or Conservator disagrees with the DHCS Level II Determination, please submit a PASRR Request for Reconsideration. The Reconsideration form is located on the DHCS PASRR website:

https://www.dhcs.ca.gov/services/MH/Pages/PASRR_reconsideration.aspx

Please send the completed form and Determination letter to DHCS.

Mail:

Department of Health Care Services
Clinical Assurance and Administrative Support Division
PASRR Section
PO Box 997419 MS 4506 Sacramento CA 95899-7419

Fax: (916) 319-0980

When DHCS receives the Reconsideration Request, clinical staff will review the case, resulting in modified recommendation(s) or no changes to the original Determination.

Request a State Hearing

If still dissatisfied with the reconsideration process, a State hearing may be requested from the California Department of Social Services (CDSS).

Mail:

Department of Social Services
State Fair Hearing Division
P.O. Box 944243
Mail Station 9-17-37
Sacramento, CA 94244-2430

Phone: 1-800-952-5253

Contact

DHCS

For PASRR service requests/questions, please contact DHCS IT Service Desk.

Email: ITServiceDesk@dhcs.ca.gov

Phone: (916) 440-7000 and select option 1

Support is available Monday through Friday from 7:00am – 5:00pm. Requests will not be processed after business hours, weekends, or state holidays. DHCS IT Service Desk will create a work order ticket for your request.

Field Office/TAR

For questions related to TAR submissions, please contact the TAR Office.

Phone: 1 (800) 541-5555

DDS

For questions related to ID/DD/RC Level II evaluations/determinations, please contact DDS.

Phone: (916) 654-2300

Fax: (916) 654-3256